

EXHIBIT F

Exhibit F

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Hollis CDC #: E-37508 CDC HOUSING: C3-225

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input checked="" type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

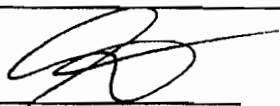
PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

Hollis- your appeal is based on what you state is a 'conspiracy'. you have not provided any evidence/testimony to support your general conclusion of a conspiracy.

On the back of the 6/30/06 screening form you referred to me as "you stupid idiot!" this is inappropriate.

therefore, based on inappropriate statements & your refusal to cooperate, your appeal is cancelled.


Loy Medina, CC-II
Appeals Coordinator

Appeal
CANCELLED

DELIVERED JUN 24 2006

Date: 7/19/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation in a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

State of California

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Department of Corrections and Rehabilitation
CDCR-695INMATE: Hollis CDC #: E-37508 CDC HOUSING: C3-225

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PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS


Comments: You may write on back of this form to clarify or respond to the above.

in your response to the screening form dated 7/7/06, you referred to me

as "you stupid Asshole." this is not appropriate. Staff: 'ms have a right to be treated w/ respect.

due to your use of profanity, your appeal is cancelled. Please refrain from this type of behavior in the future.

DELIVERED JUN 24 2006


Eloy Medina, CC-II
Appeals Coordinator

Date: 7/19/06

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"Request"

7-26-06

TO: N. GRANNIS

SUSP

FROM: HOLLIS, E-37508

C-3-225

E: NCO V. HOLLIS 43 F3d 620 (9th Cir(2005))

(CCR. 3084.1(2))

~~BRADLEY~~ (BRADLEY V. HALL 64 F3d 1276 (9th Cir(1995)))

I request to exhaust my administrative remedy so

I can take court action or for you to have (SVSP)

appeals coordinators to assign my appeals for investigation and response. I'm attempting to resolve the issues raised administratively prior to taking civil action in conjunction with these appeals and SVSP-D-06-01516.

(SVSP) appeals coordinators are generating screening forms in bad faith attempting to shield (SVSP) staff from the appeals I file against them. (SVSP) appeals coordinators are continuously harassing^{me} by not assigning my appeals and generating screening forms not in compliance and accordance to Title 15, Division 3. and in bad faith. I have a 1st amendment right to freedom of speech, expression and to petition the government to seek redress of grievances.

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Hollis CDC #: E37508 CDC HOUSING: C3-225

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YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

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|--|--|
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| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS**Comments:** You may write on back of this form to clarify or respond to the above.

you still have not provided any
evidence/testimony to support your
general conclusion of a conspiracy.

(OVER ON BACK)


 Eloy Medina, CC-II
 Appeals Coordinator
CANCELLEDDate: 6/30/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

my APPEAL IS complete. I request
FOR it to be assigned FOR
INVESTIGATION AND RESPONSE.
YOU STUPID IDIOT!

HOLLIS E-37508
C-3-225

CANCELLED

received
7/19/06

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category //

1. _____
2. _____1. _____
2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Cell search

4/5/06 cell search

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
MARVIN HOLLIS	E-37508	*Ad-SEG*	D-1-220

A. Describe Problem: This complaint is filed against SALINAS VALLEY STATE PRISON WARDEN M. EVANS, I.S.U. CAPTAIN, LT. R.L. MARTINEZ, I.S.U. 40 P. ELLIS, SALAI, BERLIER, AND ALL OTHER CUSTODY STAFF RESPONSIBLE FOR THE RETALIATION, HARASSMENT, AND ABUSE OF AUTHORITY WHICH RESULTED IN CONFISCATION OF PERSONAL PAPERS, LEGAL MATERIALS, CONFIDENTIAL MEDICAL RECORDS, 9 MAGAZINES, AND OTHER PERSONAL PROPERTY. This complaint is filed as a group appeal pursuant to CCR 3084.2(F). ON 4-5-06 (SVSP) STAFF VIOLATED ARE 1st, 14th & 8th AMENDMENT CONSTITUTIONAL RIGHTS BY WILLFULLY ABUSING THEIR AUTHORITY TO CONDUCT A NON RANDOM CELL INSPECTION/

If you need more space, attach one additional sheet. DELIVERED MAY 23 2006

(SEE ATTACHMENTS)

B. Action Requested: That all property items confiscated be returned, OR ALLOWED TO SEND HOME OR DONATE PER CCR 319(C) ARE CONFISCATED PROPERTY, OR COMPENSATED/REIMBURSED WITH LOCAL RESOURCES PURSUANT TO CCR 3084.71E(2)(A) & 3193(b). TO KNOW WHY WE WERE HARASSED AND RETALIATED AGAINST, FOR THE HARASSMENT & RETALIATION TO PAVE BY (SVSP) OFFICIALS

Inmate/Parolee Signature: MARVIN HOLLIS

REC'D APR 18 2006

Date Submitted: 4-6-06

C. INFORMAL LEVEL (Date Received: _____)

RECEIVED MAY 26 2006

DELIVERED JUN 05 2006
REC'D JUN 8 2006

Staff Response: _____

DELIVERED JUN 22 2006

RET'D JUN 27 2006

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 125, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

RECEIVED
JUL 26 2006
INMATE APPEALS
BRANCH

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E. Inmate Claim

INMATE SEGREGATION RECORD
CDC 114-A (Rev10/98)

CDC NUMBER		INMATE'S NAME		CELL							
E37508		Howie		220							
RECORD OF DAILY ACTIVITY											
INSTRUCTIONS:											
In order to document Segregated Housing Conditions, Unit Staff must record all services and activities offered to segregated inmates and all significant activity (e.g., classification reviews). Maintain a record of the following:											
1. CELL INSPECTION - A weekly inspection must be completed and recorded to ensure the cells are being properly maintained by the inmates.											
2. EXERCISE - A record must be maintained on exercise offered and received to ensure each inmate is given the opportunity to exercise a minimum of ten (10) hours per week. Exercise may be suspended for disciplinary offenses. Number of hours received or refused shall be entered.											
3. SHOWERS - Inmates must be allowed to shower three (3) times each week. Record all showers or refusals.											
4. SUPPLIES - Cleaning and personal hygiene supplies shall be offered on a weekly basis to all inmates and provided on an as-needed basis. Record what was provided.											
5. CLOTHING, LINEN - Clothing will be issued upon assignment and exchanged and laundered not less than every other week. Towels, sheets, and pillow cases will be laundered not less than once every two (2) weeks. Blankets shall be cleaned at least once every six (6) months. Record all exchanges.											
6,7,8. MEALS - Record all meals served. Record any refusals of a meal served.											
9. TRASH DISPOSAL - Daily trash disposal shall be offered. Record all disposals.											
DATE	1	2	3	4	5	6	7	8	9	STAFF COMMENTS	STAFF NAME
3-27-06										1/w Count	[Signature]
3-27-06	X	X				X	X	X		2/w MTA/PT 2/A 3.514	[Signature]
3-27-06								X	X	3/w MTA count 1800, 2215	[Signature]
3-28-06										1/w COUNTS	[Signature]
3/28/06						X	X			2/w MTA PT	[Signature]
3/28		X					X	X		3/w MTA 1800 2115	[Signature]
3-29-06										1/w COUNTS	[Signature]
3-29-06	R					X	X	X		2/w MTA PT 4	[Signature]
3/29							X	X		3/w MTA COUNTS 1800, 2115	[Signature]
3/29/06										3/w 115 / 837	[Signature]
3-30-06										1/w COUNTS	[Signature]
3-30			X			X	X	X		2/w MTA PT	[Signature]
3-30-06										3/w MTA count 1800 2115	[Signature]
03/30/06										CM Contact@CF	[Signature]
3-31-06										1/w COUNTS	[Signature]
3-31-06	X					X	X	X		2/w MTA PT W/A 3.5 hrs.	[Signature]
3-31										3/w MTA 1800 2115	[Signature]
4-1-06										1/w COUNTS	[Signature]
4-1-06	R					X	X	X		2/w MTA PT	[Signature]
4-1-06		X						X	X	3/w MTA 1800, 2115	[Signature]
4-2-06										1/w Count 0015, 0230, 0500	[Signature]
4-2-06						X	X	X		2/w MTA/PT	[Signature]
4/2/06						X		X	X	3/w MTA, count 1800, 2115	[Signature]

SYMBOLS

1. ITEM COMPLETED
 2. CONFINED TO QUARTERS / PENDING DISCIPLINARY
 3. LINEN EXCHANGED
 4. BLANKETS EXCHANGED
 5. REFUSED
 6. NO YARD PENDING REVIEW
 7. CLOTHING EXCHANGED
 8. LOCKDOWN

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Hollis CDC #: E-37508 CDC HOUSING: DI-220

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YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

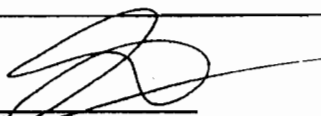
- | | |
|---|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
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| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input checked="" type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
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| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

you allege retaliation. Cell searches are normal duties of custody staff. You have not noted any misconduct, only your displeasure with having your cell searched.

if you are appealing the confiscation of property, you need to separate the staff complaint issue.


 Roy Medina, CC-II
 Appeals Coordinator

Date:

4/13/06

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please turn this form to the Appeals Coordinator with the necessary information attached.

INMATE / PAROLEE APPEAL SCREENING FORM

INMATE: Hollis CDC #: E 37508 CDC HOUSING: C 3.228 CDCR-695

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PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

- | | |
|---|--|
| <input type="checkbox"/> Requested Action Already Taken | <input type="checkbox"/> Requested Appeal Withdrawn |
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Appeal Previously Received and Processed |
| <input type="checkbox"/> Appealing Action Not Yet Taken | <input type="checkbox"/> Incomplete 602 – Complete Next Appropriate Section |
| <input type="checkbox"/> Incomplete Appeal – Documents Not Attached | <input type="checkbox"/> Incomplete 602 – Sign and Date Appropriate Section |
| <input checked="" type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> Incomplete Disciplinary Appeal – Missing Documents* |
| <input type="checkbox"/> Appeal Process Abuse – Inappropriate Statements | <input type="checkbox"/> Incomplete Property Appeal – Missing Documents* |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Failed to Provide Necessary Copies of Chrono(s)* |
| <input type="checkbox"/> Action / Decision Not Taken By CDCR | <input type="checkbox"/> Appeal Process Abuse – Pointless Verbiage |
| <input type="checkbox"/> Action Sought Is Under Sentencing Court Jurisdiction | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Submit Issue to Assigned Parole Office | <input type="checkbox"/> Attempting to Change Original Appeal Issue |
| <input type="checkbox"/> Appeal Matter to VCGCB | <input type="checkbox"/> Not Authorized to Bypass Any Level |
| <input type="checkbox"/> DRB Decisions Are Not Appealable | <input type="checkbox"/> Appeal Issue & Reasonable Accommodation Not 1824 |
| <input type="checkbox"/> Request for Interview; Not an Appeal | <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues |
| <input type="checkbox"/> More than one issue –one issue per appeal | <input type="checkbox"/> Emergency Not Warranted-CCR 3084.7 |
- [] Not a Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362, Health Care Services Form, and send it to the Medical Department for an appointment. If necessary, sign up for sick call.**

PLEASE ATTACH AS NOTED BELOW:

- | | |
|--|--|
| <input type="checkbox"/> CDC 115/Hearing Officer's Results | <input type="checkbox"/> CDC 128C Medical Chrono |
| <input type="checkbox"/> CDC 115 with IE/DA information | <input type="checkbox"/> GDC 1819 Denied Publications |
| <input type="checkbox"/> Supplemental Reports to CDC 115 | <input type="checkbox"/> CDC 128 A |
| <input type="checkbox"/> CDC 1030 Confidential Disclosure | <input type="checkbox"/> CDC 128 B |
| <input type="checkbox"/> CDC 114D Lockup Order | <input type="checkbox"/> CDC 143 Property Transfer Receipt |
| <input type="checkbox"/> CDC 128G ICC/UCC | <input type="checkbox"/> Cell Search Slip |
| <input type="checkbox"/> CDC 128G CSR Endorsement Chrono | <input type="checkbox"/> Receipts |
| <input type="checkbox"/> CDC 839/840 Class/Reclass Score Sheet | <input type="checkbox"/> Qtr. Pkg. Inventory Slip |
| <input type="checkbox"/> CDC 7219 Medical Report | <input type="checkbox"/> Trust Account Statement |
| <input type="checkbox"/> Other: SEE COMMENTS BELOW | <input type="checkbox"/> Property Inventory Receipt |

Comments: You may write on back of this form to clarify or respond to the above.

① Appeal is rejected for late submission. ② failed to attach supporting documentation, i.e. screened out appeals.

8/24/06 - nothing attached again -

* (OVER ON BACK) *

T. Variz, Correctional Counselor-II
Appeals Coordinator
Salinas Valley State Prison

Date: 8-1-06

This screening action may not be appealed. If you believe the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screening form – **do not write any more on the appeal itself.** Please return this form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

my appeal is Timely and submitted within
The 15 day time constraints. This screening
Form was generated in bad faith and to
harass me and cover up issues raised.
The screening form is inaccurate. Please
see attached screening forms dated
7-19-06 and numerous other dates.
Can my appeal be assigned for investigation
and response so I can exhaust my
administrative remedies and in
accordance with D.O.M. ~~308~~ 54100.2,
and CCR. 3084.1 (2). Thank You!

Marvin Hollis 8-23-06
E-37508.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

10

1. _____

1. _____

2. _____

2. _____

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Processing Appeals

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
MARVIN HOLLIS	E-37508	UNASSIGNED	C-3-225

A. Describe Problem: *This complaint is filed against SALINAS VALLEY STATE PRISON APPEALS COORDINATOR ELOY MECLINA, FOR HARASSMENT, REPRISAL, AND RETALIATION FOR MY PRIOR USE OF THE (CDCR) 602 APPEAL GRIEVANCE PROCEDURE AND PUNISHING ME FOR EXERCISING MY 1ST AMENDMENT RIGHT OF FREEDOM OF SPEECH, EXPRESSION, AND TO PETITION THE GOVERNMENT FOR REDRESS OF GRIEVANCE. THIS RETALIATION TO FILE GRIEVANCE (CDCR) 602 INFRINGED MY 1ST AMENDMENT*

If you need more space, attach one additional sheet.

REC'D JUL 31 2006

(SEE ATTACHMENT)

B. Action Requested: *FOR ALL MY APPEALS TO BE ASSIGNED FOR INVESTIGATION AND RESPONSE AND STOP HARASSING ME AND RETALIATING AGAINST ME. STOP GENERATING SCREENING FORMS IN BAD FAITH. ALARDET 8-3-2006-00.*

Inmate/Parolee Signature: *Marvin Hollis*

RET'D AUG 23 2006

Date Submitted: *7-25-06*

C. INFORMAL LEVEL (Date Received: _____)

DELIVERED SEP 01 2006

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

*8-1-06
S/O as late*


First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

* (CONTINUATION FROM SECTION (A)) *

write to file grievance (CDCR) 602 to complain and had a chilling effect. This harassment, reprisal, retaliation, and punishment did not serve a legitimate penological interest or institutional goals. ON 7-19-06 E. Medina, cancelled two (2) of my (CDCR) 602 appeals in retaliation ~~of~~ for me exercising my 1st Amendment rights and prior use of the grievance procedure. The appeals coordinator continues to harass me by willfully refusing to assign my appeals for investigation and response and generate screening forms in bad faith in violation of Title 15, Division 3. CIVIL ACTION WILL BE FILED. These appeal cancellations had ~~was~~ an atypical and significant hardship upon me which has effected my privileges program and custody.

* (OVER) *

I have been denied due process and
equal ~~violation~~ of the Law.
Protection

~~NO ACTION WILL BE TAKEN~~

* (CONTINUED FROM SECTION (B)) *

FOR THE APPENDS COORDINATORS AND STAFF
TO ADHERE TO TITLE 15, DIVISION 3, WITH
A EFFORT OF CONSISTANCY.